



ALLEGED SAFETY OR HEALTH HAZARDS

FOR THE GENERAL PUBLIC:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Department of Labor & Industries.

WAC 296-350-450 Complaints by employees or their representatives. (1) Any employee or representative of employees who in good faith believes that a violation of any safety or health standard or an imminent danger exists in any workplace where such employee is employed may request an inspection of such workplace by giving notice of the alleged violation or danger to any office or officer of the division of industrial safety and health of the department. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees. A copy shall be provided the employer or his agent by an officer of the division no later than at the time of inspection, if any, except that upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available by the Department of Labor and Industries.

(2) If upon receipt of such notification it is determined that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation or danger exists, an inspection shall be made as soon as practicable, to determine if such alleged violation or danger exists. Inspections under this section may extend beyond the matters referred to in the complaint.

NOTE: 'RCW 49.17.160, protects employees or representatives filing safety and/or health complaints, against discriminatory actions by an employer.'

INSTRUCTIONS:

Complete items 2 through 18 as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local WISHA office.

Region 1

729 100th St SE
Everett WA 98208-3727

Region 2

315 5th Ave S Ste 200
Seattle WA 98104-2607

Region 3

950 Broadway Ste 200
Tacoma WA 98402-4405

Region 4

PO Box 44651
Olympia WA 98504-4651
(360) 902-5566

Located at:
7273 Linderson Way SW
in Tumwater

Region 5

15 W Yakima Ave Ste 100
Yakima WA 98902-3480
(509) 454-3700

Region 6

901 N Monroe Ste 100
Spokane WA 99201-2149
509) 324-2591



ALLEGED SAFETY OR HEALTH HAZARDS

MOD	Date	1. Complaint Number	
2. Employer Name			
3. Site Location – Street		City	State ZIP+4
4. Mailing Address (if different) Street		City	State ZIP+4
5. Management Official		6. Telephone Number	
7. Type of Business			
8. Hazard Description. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:			

9. Hazard Location. Specify the particular building or work site and the work shifts where the alleged violation exists:

10. Has this condition been brought to the attention of: (Mark "X" in all that apply)									
<input type="checkbox"/> Employer					<input type="checkbox"/> Other Government Agency (specify)				
11. Please indicate your desire:									
<input type="checkbox"/> Do not reveal my name to the Employer.					<input type="checkbox"/> My name may be revealed to the Employer				
12. The Undersigned: (Mark "X" in one box)									
<input type="checkbox"/> Employee			<input type="checkbox"/> Federal Safety and Health Committee				<input type="checkbox"/> Employer		
<input type="checkbox"/> Representative of Employees			<input type="checkbox"/> Other (specify)						
believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard of the establishment named on this form.									
13. Complainant Name (type or print)						14. Telephone Number			
15. Address – Street					City		State		ZIP+4
16. Signature:						17. Date			
18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.									
Organization Name:					Your Title:				
OFFICIAL USE ONLY									
19. Reporting ID			20. Previous Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Enter Type:				21. Optional Complaint Number		
Identification		22. Establishment Name Change? <input type="checkbox"/>		23. Site Address Change? <input type="checkbox"/>		24. Account ID		25. City Code	
Receipt Information		27. Received by:		28. Send WISHA-7? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Date		30. Time AM PM	
Industry & Ownership		32. Primary SIC		33. Ownership (Mark "X" in one box) a. <input type="checkbox"/> Private Sector b. <input type="checkbox"/> Local Government c. <input type="checkbox"/> State Government d. <input type="checkbox"/> Federal Agency Code					
Complaint Evaluation		34. Evaluated by:				35. Subject and Severity Discrimination <input type="checkbox"/> Imminent Danger Serious General Safety <input type="checkbox"/> Health <input type="checkbox"/>			
		36. Is this a valid complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No							
		37. Formality <input type="checkbox"/> Formal <input type="checkbox"/> Non-formal							
		38. Migrant Farmworker Camp							
Complaint Action		39. Send Letter:							
		a. <input type="checkbox"/> No Inspection – for invalid complaints <input type="checkbox"/> Too vague or unsubstantiated <input type="checkbox"/> Recent inspection or objective evidence (Date of inspection): _____ <input type="checkbox"/> Not in WISHA's jurisdiction b. <input type="checkbox"/> No inspection – for Non-formal complaint <input type="checkbox"/> No imminent danger or no standard <input type="checkbox"/> No direct relation to S&H <input type="checkbox"/> Not enough information to evaluate c. <input type="checkbox"/> WISHA-7 for Signature with Letter <input type="checkbox"/> Complete or <input type="checkbox"/> Partial d. <input type="checkbox"/> Complaint Notification to Employer <input type="checkbox"/> Complainant Notified <input type="checkbox"/> Explanation of 11(c) e. Complainant Notification with Letter d <input type="checkbox"/> Name Not Revealed <input type="checkbox"/> Explanation of 11(c) f. <input type="checkbox"/> Acknowledgement to Complainant (Optional) g. <input type="checkbox"/> Other (specify) _____							
		40. Date Letter Sent:				41. Date Response Due (For letters c or d):			
		42. Inspection Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Priority: _____ If No, Reason: _____			
		43. Transfer to (Name):				44. Transfer Date:			
		45. Transfer to (Category):				c. <input type="checkbox"/> Other Federal Agency/Code			
		a. <input type="checkbox"/> Federal OSHA / Reporting ID				d. <input type="checkbox"/> State/Local Government			
		b. <input type="checkbox"/> State OSH / Reporting ID				e. <input type="checkbox"/> Other			
46. Optional Information									
Type	ID	Value		Type	ID	Value		47. Total Entries	
S	1								
Close Complaint		48. <input type="checkbox"/> Close Complaint							
49. Comments:									

ALLEGED SAFETY OR HEALTH HAZARDS INSTRUCTIONS

Every Washington worker has the right to safety and health on the job. That's the law.

We provide the accompanying complaint form for you to report work place conditions which jeopardize workers' safety and health. Please complete the form as follows:

MOD/Date. Leave blank.

1. Complaint Number. Leave blank.
2. Employer Name. Enter the legal name of the employer or establishment.
3. Site Location. Enter street (or highway) address, city, state, and ZIP code of the work site where the alleged hazard exists.
4. Mailing address (if different). Enter the mailing address for the establishment if it is different from the site address.
5. Management Official. Enter the name of the owner, operator, or agent in charge at the work site.
6. Telephone Number. Enter a telephone number at the establishment. This may be the number of the management official identified in Box 5 or another number for the establishment.
7. Type of Business. Describe the type of industrial activity performed at the workplace. For example, a complaint alleging an unsafe warehouse condition in an agricultural chemical plant would show "agricultural chemical plant" in this space, not "warehouse."
8. Hazard Description. Describe the alleged hazard in detail. Include as much information as can be obtained or is applicable. When more space is needed, continue on another sheet of paper. Attach all continuation sheets to the complaint form. Include who is affected, what is the hazard, where and when does the hazard exist, what is causing the hazard, and what has the employer done to eliminate the hazard.
9. Hazard Location. This is the specific building or work site where the alleged hazard exists.
10. Has this condition been brought to the attention of: Indicate whether the alleged hazard has been brought to the attention of either the employer or another government agency. Specify which agency, if applicable.
11. Please indicate your desire (reveal name). Mark "X" in the box indicating whether you wish your name to be released to the employer.
12. The undersigned (source of complaint). Mark "X" in the box that indicates your relationship with the employer. If "Other" is marked, please specify.

NOTE: If you wish to receive results of our inspection/investigation, complete Boxes 13 through 15.

13. Complainant Name. Enter your full name.
14. Telephone Number. Enter your telephone number.
15. Address. Enter your street address, city, state abbreviation, and ZIP code.
16. Signature. Please sign.
17. Date. Enter the date.
18. Authorized representative. This space is provided for the organization name and title of complainants who are authorized representatives of employees affected by the complaint.

The rest of the form will be used to evaluate your complaint. Please do not write below the "Official Use Only" line.

You may submit your completed form to your local Labor and Industries office or to the regional office listed on the complaint form. Thank you for your concern.